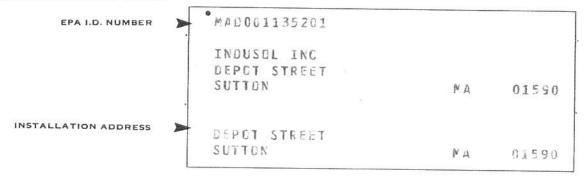


ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY (VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.



EPA Form 8700-12B (4-80)

07/15/85



COMMONWEALTH OF MASSACHUSETTS Department of Environmental Quality Engineering



NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

For	Official Use Only	INSTALLATION'S EPA I.D. NUMBER DATE ISSUED mo. day year						
		MAD001135201 07 02 85						
Prin 1.	t or type with ELITE type (12 characters/inch) in the	111						
	INDUSOL INC	tte of use mitials)						
11.	INSTALLATION MAILING ADDRESS Street or Post Office Box							
	DEPOTSTEE							
	City or Town SUTTON	State Zip Code MA 01590- FF						
III.	LOCATION OF INSTALLATION Street or Route Number	1,2 10						
KH	SAME	Mares to						
	City or Town	State Zip Code						
IV.	PRINCIPAL ACTIVITY 4 digit SIC number Description 2 8 2 Plastisols	4 digit SIC number Description						
V.	INSTALLATION CONTACT Name (last, first)	Phone Number Title (area code) (number)						
	BALDWIN JOHN	Title (area code) (number) TREASUER 617 865 9516						
VI.	OWNERSHIP							
	Name of Installation's Legal Owner							
	Type of Ownership FEDERAL □ NON-FEDERAL □							
VII.	TYPE OF HAZARDOUS WASTE ACTIVITY ☐ LARGE QUANTITY GENERATOR ☐ SMALL QUANTITY GENERATOR ☐ TRANSPORTER*	FACILITY WHICH TREATS, STORES OR DISPOSES* WASTEWATER TREATMENT UNIT *A Massachusetts license is required for these activities						
VIII.	FIRST OR SUBSEQUENT NOTIFICATION First Notification	☐ Subsequent Notification Installation's EPA ID Number						
Please continue on the second page of this form								
I ICu	Please continue on the second page of this form.							

IX. DESCRIPTION OF HAZARDOUS WASTES Enter the four-digit number from the Massachusetts Regulations 310 CMR for each listed hazardous waste which your in-								
	stallation handles. Use additional sheets if necessary.							
A. Characteristic	A. <u>Characteristic Non-Listed Hazardous Wastes.</u> See 30.121 through 30.125. (D codes)							
B. <u>Hazardous</u> V	B. Hazardous Wastes from Non-Specific Sources. See 30.131. (F and M codes)							
F 0 0 3								
C. <u>Hazardous Wastes from Specific Sources.</u> See 30.132. (K codes)								
D. <u>Commercial</u>	D. Commercial Chemical Product Hazardous Wastes. See 30.133. (U codes)							
U 239								
E. <u>Acutely Haza</u>	E. <u>Acutely Hazardous Wastes.</u> See 30.136. (P codes)							
X. COMMENTS								
☐ Sheet Attached								
XI. CERTIFICATION								
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possiblity of fine and imprisonment.								
In addition, I under	In addition, I understand that any material supplied with this application will not be considered confidential unless I have specifically requested that such material be kept confidential and and the Department has made a determination of confidentiality in accordance with 310 CMR 3.00, Regulations Governing Access to and Confidentiality of Department Records and Files under the Hazardous Waste Management Act.							
SIGNATURE		NAME & OFF	ICIAL TITLE (type or p	rint) DATE SIGN	IED			